

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA		FOR COURT USE ONLY DUE DATE:		
TRANSCRIPT DESIGNATION AND ORDERING FORM				
1. NAME	2. PHONE NUMBER	3. DATE		
4. FIRM NAME:		5. E-MAIL ADDRESS:		
6. MAILING ADDRESS		7. CITY	8. STATE	9. ZIP CODE
10. CASE NUMBER	11. CASE NAME		12. JUDGE	
13. APPEAL CASE NUMBER	14. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> AUSA <input type="checkbox"/> FPD <input type="checkbox"/> OTHER _____			
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.				
HEARING DATE	COURT REPORTER	PROCEEDINGS		
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):		
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.				
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)		FORMAT	
ORDINARY	<input type="checkbox"/>		PAPER COPY	<input type="checkbox"/>
14 DAYS	<input type="checkbox"/>		PDF FORMAT	<input type="checkbox"/>
7 DAYS	<input type="checkbox"/>		ASCII FORMAT	<input type="checkbox"/>
DAILY	<input type="checkbox"/>		OTHER	<input type="checkbox"/>
HOURLY	<input type="checkbox"/>		FOR ADDITIONAL COPIES, CONTACT COURT REPORTER <u>OR TRANSCRIPTION AGENCY</u>	
REAL TIME	<input type="checkbox"/>		19. Transcription agency for digitally recorded proceedings:	
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all charges (deposit plus additional).			20. Month: _____ Day: _____ Year: _____ Transcript payment arrangements were made with: NAME OF OFFICIAL: _____ Payment of estimated transcript fees were sent on the following date: Month: _____ Day: _____ Year: _____	
17. DATE:				
18. SIGNATURE:				